### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1392273

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response..... 16.00

SEC USE ONLY						
Prefix		Serial				
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		l,				

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Rural Utilities MBS Certificate Series 2007-2 Tranche I Class A and Class B
Filing Under (Check box(es) that apply):    Rule 504    Rule 505    Rule 506    Section 4(6)    ULOE
Type of Filing: New Filing/Initial Closing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)
CFC Advantage, LLC, as Depositor of Series 2007-2 Rural Utilities Trust
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
2201 Cooperative Way, Herndon, VA 20171-3025 703-709-6718
Address of Principal Business Operations (Number and Street, City, State, Zip Code)   Telephone Number (Including Area Code) (if different from Executive Offices)  N/A
Brief Description of Business Purchase, ownership and sale of loans originated by its parent, National Rural Utilities Cooperative Finance Corporation, and related activities; creation of trusts and other activities relating to the issuance and sale of Rural Utilities MBS Certificates collateralized by such loans.
Type of Business Organization    corporation   limited partnership, already formed   with the company   corporation   limited partnership, to be formed   Limited Liability Company   corporation   limited partnership, to be formed   Limited Liability Company   corporation   corporat
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)  [DE]  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization: Lesting Processes  [Description of Estimated Date of Incorporation or Organization or Orga
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR FINANCIAL  15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years.
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.

	☑ Promoter	☑ Beneficial Owner	☐ Executive Officer ☐	Director General and/or Managing Partner
Full Name (Last name first,	if individual)			
National Rural Utiliti	es Cooperativ	e Finance Corporat	ion, Sole Member	
Business or Residence Addr	ess (Number and	l Street, City, State, Zip Co	ode)	
2201 Cooperative Wa	y, Herndon, V	A 20171-3025		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer/Manage	r Director General and/or Managing Partner
Full Name (Last name first,	if individual)			
Don, J. Andrew				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)	
c/o CFC Advantage, L	LC 2201 Coop	erative Way, Hernd	on, VA 20171-3025	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer/Manage	r Director General and/or Managing Partner
Evans, John T. Full Name (Last name first,	if individual)			
c/o CFC Advantage, L		erative Way, Hernd	on. VA 20171-2025	
Business or Residence Addre				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer/Manage	r Director General and/or Managing Partner
Lilly, Steven L.				
Full Name (Last name first,	if individual)			
		anativa Way Hamd	on VA coses cose	
c/o CFC Advantage, L				
c/o CFC Advantage, L. Business or Residence Addre				
Business or Residence Addre			de)	r□ Director □ General and/or Managing Partner
Business or Residence Address Check Box(es) that Apply: List, John J.	ess (Number and	Street, City, State, Zip Co	de)	
Business or Residence Address Check Box(es) that Apply:  List, John J.  Full Name (Last name first,	Promoter	Street, City, State, Zip Co	de)  ⊠ Executive Officer/Manage	
Business or Residence Addre Check Box(es) that Apply: List, John J. Full Name (Last name first, c/o CFC Advantage, L.	ess (Number and Promoter  if individual)  LC 2201 Coop	Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025	
Business or Residence Address Check Box(es) that Apply:  List, John J.  Full Name (Last name first,	ess (Number and Promoter  if individual)  LC 2201 Coop	Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025	
Business or Residence Addre Check Box(es) that Apply: List, John J. Full Name (Last name first, c/o CFC Advantage, L.	ess (Number and Promoter  if individual)  LC 2201 Coop	Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)	
Business or Residence Address Check Box(es) that Apply:  List, John J.  Full Name (Last name first, c/o CFC Advantage, Li Business or Residence Address Check Box(es) that Apply:  Maronski, Charles	Promoter  if individual)  LC 2201 Coop  ess (Number and	Street, City, State, Zip Co  ☐ Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)	Managing Partner  □ Director □ General and/or
Business or Residence Address Check Box(es) that Apply: List, John J. Full Name (Last name first, c/o CFC Advantage, L.) Business or Residence Address Check Box(es) that Apply: Maronski, Charles Full Name (Last name first, i	Promoter  if individual)  LC 2201 Coop  ess (Number and	Street, City, State, Zip Co Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)  Executive Officer/Manage	Managing Partner  □ Director □ General and/or
Business or Residence Address Check Box(es) that Apply:  List, John J.  Full Name (Last name first, c/o CFC Advantage, L.)  Business or Residence Address Check Box(es) that Apply:  Maronski, Charles  Full Name (Last name first, c/o CFC Advantage, L.)	Promoter  if individual)  LC 2201 Coop  ess (Number and  Promoter  if individual)  LC 2201 Coop	Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)  Executive Officer/Manage  on, VA 20171-3025	Managing Partner  □ Director □ General and/or
Business or Residence Address Check Box(es) that Apply: List, John J. Full Name (Last name first, c/o CFC Advantage, L.) Business or Residence Address Check Box(es) that Apply: Maronski, Charles Full Name (Last name first, i	Promoter  if individual)  LC 2201 Coop  ess (Number and  Promoter  if individual)  LC 2201 Coop	Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)  Executive Officer/Manage  on, VA 20171-3025	Managing Partner  □ Director □ General and/or
Business or Residence Address Check Box(es) that Apply:  List, John J.  Full Name (Last name first, c/o CFC Advantage, L.)  Business or Residence Address Check Box(es) that Apply:  Maronski, Charles  Full Name (Last name first, c/o CFC Advantage, L.)	Promoter  if individual)  LC 2201 Coop  ess (Number and  Promoter  if individual)  LC 2201 Coop	Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)  Executive Officer/Manage  on, VA 20171-3025  de)	Managing Partner  □ Director □ General and/or
Business or Residence Address Check Box(es) that Apply: List, John J. Full Name (Last name first, c/o CFC Advantage, Libusiness or Residence Address Check Box(es) that Apply: Maronski, Charles Full Name (Last name first, c/o CFC Advantage, Libusiness or Residence Address Business or Residence Address	Promoter  if individual)  LC 2201 Coop  ess (Number and  Promoter  if individual)  LC 2201 Coop  ess (Number and	Beneficial Owner  Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co  Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co	de)  Executive Officer/Manage  on, VA 20171-3025  de)  Executive Officer/Manage  on, VA 20171-3025  de)	Managing Partner  r Director General and/or Managing Partner  Director General and/or
Business or Residence Address Check Box(es) that Apply:  List, John J.  Full Name (Last name first, c/o CFC Advantage, Libusiness or Residence Address Check Box(es) that Apply:  Maronski, Charles  Full Name (Last name first, c/o CFC Advantage, Libusiness or Residence Address  Check Box(es) that Apply:	Promoter  if individual)  LC 2201 Coop  ess (Number and  Promoter  if individual)  LC 2201 Coop  ess (Number and  Promoter  if individual)	Beneficial Owner  Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co  Beneficial Owner  erative Way, Hernd Street, City, State, Zip Co  Beneficial Owner	de)  ⊠ Executive Officer/Manage  on, VA 20171-3025  de)  ⊠ Executive Officer/Manage  on, VA 20171-3025  de)  □ Executive Officer	Managing Partner  r Director General and/or Managing Partner  Director General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				]	B. INFO	RMATI	ON ABO	UT OFF	ERING					
1.	Has the issu			Answe	r also in A	Appendix	, Column	2, if filing	g under U	LOE.			Yes	No ⊠
The state of the s									<u>None</u>	-				
•									Yes □	No ⊠				
4.	The second secon													
Full Name (Last name first, if individual)														
Bus	iness or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip C	ode)			·				
Nan	ne of Associate	d Broker o	or Dealer				·							
Stat	es in Which Pe (Check "All S						asers						□ All St	ratas
	AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ID	aics
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MI	NE	NV	NH	NJ	NM	NY	NC	ND	ŌН	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full	Name (Last n	ame first,	if individual	)										
Bus	iness or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip C	ode)							
Nan	ne of Associate	d Broker o	or Dealer						<u></u>					
Stat	es in Which Pe					icit Purch	asers	<del></del>						
	(Check "All S	AK	AZ	AR AR	CA	CO	CT	DE	DC	FL	GA	HI	☐ All St	ates
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MI	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR	
Full	Name (Last na	ame first, i	f individual	)		<del></del>						<u> </u>		
Bus	iness or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip C	ode)		<del></del>				<del></del>	
Nan	ne of Associate	d Broker o	or Dealer		<del></del>		<del></del> .		<u> </u>	<u>.</u>		<del></del>	<u>.</u>	
Stat	es in Which Pe													
	(Check "All S	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	HI	☐ All St	ates
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MI	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.

1.	Enter the aggregate offering price of securities included in this offering ar total amount already sold. Enter "o" if the answer is "none" or "zero." transaction is an exchange offering, check this box $\square$ and indicate in the colbelow the amounts of the securities offered for exchange and already exchange	If the lumns			
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$ 0.00	1	\$ O	.00
	Equity			- <u>s</u> o	.00
	☐ Common Stock ☐ Preferre			<del></del> '-	
	Convertible Securities (including warrants)	\$ 0.00	1	\$ o	.00
	Partnership Interests			\$ o	.00
	Other (specify): asset-backed securities (Rural Utilities MBS Certificates Series 2007-2 Tranche I Class A and Class B)	\$ 39,7	91,019.51	\$ 3	9,791,019.51
	Equity	\$ 39,7	91,019.51	\$ 3	9,791,019.51
	Answer also in Appendix, Column 3, if filing under ULC				
2.	Enter the number of accredited and non-accredited investors who have pure securities in this offering and the aggregate dollar amounts of their purchase offerings under Rule 504, indicate the number of persons who have pure securities and the aggregate dollar amount of their purchases on the total Enter "o" f answer is "none" or "zero."	s. For hased			Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors	_1		\$_3	9,791,019.51
	Non-accredited Investors	_0_		_ \$ <u>o</u>	.00
	Total (for filings under Rule 504 only)	N/A		<u>_</u> N	/A
	Answer also in Appendix, Column 4, if filing under ULC	DE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the informate requested for all securities sold by the issuer, to date, in offerings of the indicated, in the twelve (12) months prior to the first sale of securities i offering. Classify securities by type listed in Part C — Question I.	types			<b>5</b> .11
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505	\$	•	\$	0.00
	Regulation A		0.00	- <u> </u>	0.00
	Rule 504		0.00	- ^	0.00
	Total	\$	0.00	- · \$	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance distribution of the securities in this offering. Exclude amounts relating sol organization expenses of the insurer. The information may be given as subjfuture contingencies. If the amount of an expenditure is not known, furnitiestimate and check the box to the left of the estimate.	ely to ect to		<del>-</del> '-	
	Transfer Agent's Fees	• • • • • • • • • • • • • • • • • • • •		□ \$	0.00
	Printing and Engraving Costs			□ \$	0.00
	Legal Fees		•••••		180,000.00
	Accounting Fees		••••		0.00
	Engineering Fees		••••		0.00
	Sales Commissions (specify finders' fees separately)			<b>–</b>	0.00
	Other Expenses (identify)			_ `	0.00
	Total				180,000.00*
	*All expenses paid out of other capital and not deducted from the accor			<b>-</b> •.	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

WNY - 082399/000019 - 1050720 v7

price.

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXP	ENSES AND	US	E OF PROCE	EDS	
	<ul> <li>Enter the difference between the aggregate or Question 1 and total expenses furnished in re difference is the "adjusted gross proceeds to the iss</li> </ul>	sponse to Part C - Qu	estion 4.a. 7	his	i	\$39,79	91,019.51
	Indicate below the amount of the adjusted gross proceed for each of the purposes shown. If the amount estimate and check the box to the left of the estime equal the adjusted gross proceeds to the issuer set above.	nt for any purpose is not l ate.  The total of the pay	cnown, furnish ments listed m	an usi	ι :	(gros	s proceeds
					Payments to Officers, Directors, & Affiliates		Payments t Others
	Salaries and fees [calculated as 15% of total amoun	ıt]		\$	0.00	🗆 \$	0.00
	Purchase of real estate	,		\$	0.00	🗆 \$	0.00
	Purchase, rental or leasing and installation of mac	hinery	🗖	\$	0.00		0.00
	Construction or leasing of plant buildings and facil	lities		\$	0.00	🗆 \$	0.00
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another		\$	0.00	🗆 \$	0.00
	Repayment of indebtedness			\$	0.00	🗆 \$	0.00
	Working capital			\$	_0.00		0.00
	Other (specify): Purchase of loans collateralizing t Certificates Series 2007-2 Tranche I	he Rural Utilities MBS			39,791,019.		
			_	\$		_ □ \$	
	Column Totals			\$	39,791,019.	<u>51</u> [] \$	0.00
	Total Payments Listed (column totals added)						
	D.	FEDERAL SIGNATUR	RE				
he i vriti	issuer has duly caused this notice to be signed by following signature constitutes an undertaking by ten request of its staff, the information furnished 502.	the issuer to furnish to	the U.S. Secur	ritie	es and Exchan	ge Comn	nission, upon
Issu	er (Print or Type)	Signature	(		Date		····
	C Advantage, LLC	LOL 1-			August	<u>24</u> , 200	7
Nan	ne of Signer (Print or Type)	Title of Signer (Print or	r Type)				
Joh	n Jay List	Manager					
		1					
					·· · · · · · · · · · · · · · · · · · ·		

-ATTENTION-----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)